

HOWARD COUNTY GOVERNMENT
PLAN YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016

PLAN OPTION & ENROLLMENT TIER	FULL MONTHLY PREMIUM	FULL TIME EMPLOYEE Bi weekly contribution (24 pays)	PART TIME EMPLOYEE Bi weekly contribution (24 pays)
Aetna Open Choice PPO			
Employee	\$633.67	\$48.00	\$158.50
Employee & Child(ren)	\$1,108.92	\$83.50	\$277.50
Employee & Spouse	\$1,457.44	\$109.50	\$364.50
Family	\$1,805.96	\$135.50	\$451.50
Aetna Open Access Select			
Employee	\$536.71	\$27.00	\$134.50
Employee & Child(ren)	\$1,003.65	\$50.50	\$251.00
Employee & Spouse	\$1,234.43	\$62.00	\$309.00
Family	\$1,588.67	\$79.50	\$397.50
Kaiser HMO			
Employee	\$495.71	\$25.00	\$124.00
Employee & Child(ren)	\$941.86	\$47.50	\$235.50
Employee & Spouse	\$1,140.14	\$57.50	\$285.50
Family	\$1,487.14	\$74.50	\$372.00
Delta Dental PPO Plus			
Employee	\$33.46	\$9.00	\$9.00
Employee & Child(ren)	\$58.47	\$15.00	\$15.00
Employee & Spouse	\$76.93	\$19.50	\$19.50
Family	\$94.68	\$24.00	\$24.00
DentaQuest EPO			
Employee	\$13.00	\$3.50	\$3.50
Employee & Child(ren)	\$24.34	\$6.50	\$6.50
Employee & Spouse	\$24.34	\$6.50	\$6.50
Family	\$31.42	\$8.00	\$8.00

Supplemental Life Insurance	
Age on January 1st	Monthly Rate per \$1000 of coverage
under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.105
45 - 49	\$0.195
50 - 54	\$0.336
55 - 59	\$0.430
60 - 64	\$0.660
65 - 69	\$1.270
70 +	\$2.060

Dependent Life Insurance
\$20,000 benefit on spouse
\$10,000 benefit on child(ren)
Rate is \$1.00 per pay